

ATTACHMENT "A"

LAHONTAN REGIONAL WATER QUALITY CONTROL BOARD

NOTICE OF INTENT

TO COMPLY WITH THE TERMS OF GENERAL ORDER NO. R6T-2004-0025
FOR
UPDATED NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT
FOR SURFACE WATER DISPOSAL OF TREATED GROUND WATER

This Notice of Intent, together with the site Workplan, is equivalent to a Report of Waste Discharge. The site Workplan is to include all the requirements of "Information to Support Discharge of Treated Groundwater to Surface Water" (Attachment F) at a minimum.

I. CONSULTANT/OPERATOR -If additional owners/operators are involved, provide the information in a supplementary letter.

Name:			
Mailing Address:			
City:	State:	Zip:	Phone:
Contact Person:	Consultant_____ Operator_____ Consultant/Operator_____		
UST No. _____	WDID No. _____		

II. PROPERTY OWNER -If additional owners/operators are involved, provide the information in a supplementary letter.

Name:			
Mailing Address:			
City:	State:	Zip:	Phone:
Contact Person:			

III. BILLING ADDRESS:

Name:			
Mailing Address:			
City:	State:	Zip:	Phone:
Contact Person:			

IV. DISCHARGE LOCATION

-If more than one discharge is proposed, provide the information in a supplementary letter.

Street (including address, if any) _____

City/County _____

Nearest Cross Street(s) _____

Township/Range/Section T _____, R _____, Section _____, MDB&M

Attach a map of at least 1:2400 (1" = 2000') showing the discharge site. (eg. USGS 7.5' topographical map.)

A map shall also be provided that shows the treatment system, discharge point and surface waters. Wells and residences within 1,500 feet of the discharge site shall also be identified.

V. DISCHARGE INFORMATION

Please Identify type of discharge:

_____ Treated groundwater

_____ Other (specify) _____

Start Date _____ Stop Date _____ (estimate) Discharge Rate _____ MGD.

Is the discharge short term, intermittent, or seasonal? _____

Please provide a time schedule below.

VI. TREATMENT SYSTEM

Please Identify:

_____ Granular activated carbon

_____ Air stripping

_____ Vapor extraction

_____ Air sparging

_____ Chemical oxidation (describe) _____

_____ Bioreactor

_____ None (describe why a treatment system is not necessary) _____

_____ Other (please describe) _____

Provide a schematic drawing of the proposed treatment system and process, and describe pollutant removal mechanisms, and estimated effluent concentrations. Provide a residual waste disposal plan if residuals will occur.

VII. RECEIVING WATER INFORMATION

A.	Name of closest receiving water:
B.	Receiving water is tributary to (name major downstream water body):
C.	Quality of receiving water (include most recent analyses and include required California Toxics Rule data)
D.	Estimated flow of stream or estimated volume of lake or pond:

VIII. PRIMARY POLLUTANTS/PARAMETERS LIKELY TO BE IN THE DISCHARGE

Please identify constituents of concern:

_____ One or more of the 126 CTR Priority Pollutants
(please specify pollutant(s) and concentrations)

_____ Benzene	_____ TBA
_____ Toluene	_____ PCE/TCE/DCE/Vinyl Chloride
_____ Ethylbenzene	_____ Naphalene
_____ Xylenes	_____ TPH gasoline
_____ MTBE	_____ TPH diesel
_____ TAME	_____ Other (please describe)

Have samples been collected? _____ Yes (attach results) _____ No

Are additives in the discharge? _____ Yes (describe and quantify) _____ No

If yes, please specify the additive and/or sample results _____

IX. ABILITY TO COMPLY

Do you believe the discharge may have acute or chronic toxicity, chemical or organic constituents, bacteria, pesticides, oil and grease, radioactivity, salinity or temperature that may violate receiving water objectives of this permit or adversely impact beneficial uses of the receiving water? _____ Yes _____ No

If your answer is no, please provide an explanation of ability to comply considering the receiving water quality, discharge water quality, and the pollutant loading to the receiving water.

X. PROFESSIONAL ENGINEER OR REGISTERED GEOLOGIST

Date:

☐ No

A check payable to the State Water Resources Control Board in the amount of \$5,688.00 (\$4,800 plus 18.5% ambient water monitoring surcharge or appropriate current fee) must be submitted to the Regional Board.

XIII. CERTIFICATION

I hereby certify under penalty of perjury that the information provided in this application and in any attachments is true and accurate to the best of my knowledge. By signing this NOI, I agree to comply with the monitoring and reporting program and stop the discharge if there is any violation, or threatened violation, of the General Permit.

Signature of Contractor/Operator:		Signature of Property Owner:	
Print or Type Name:		Print or Type Name:	
Title:	Date:	Title:	Date:

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